


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90005 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N38332					
1. Corporation Name MOBILE HOMEOWNERS ASSOCIATION OF RIVERLAWN TRAIL ER PARK, INC.					
Principal Place of Business 8215 STONER ROAD LOT 120 RIVERVIEW FL 33569			Mailing Address 8215 STONER ROAD LOT 640 RIVERVIEW FL 33569 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/24/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3040209	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CURRY & ASSOCIATES, P A LOT 403 BRANDON FL 33569-5221				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURNETT, KELLI			1.2 NAME	DALE JAMES		
STREET ADDRESS	8215 STONER RD LOT 538			1.3 STREET ADDRESS	8215 STONER RD LOT 636		
CITY-ST-ZIP	RIVERVIEW FL 33569			1.4 CITY-ST-ZIP	RIVERVIEW, FL 33569		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KURCZODYNA, JOHN			2.2 NAME	CHUCK LAMB		
STREET ADDRESS	8215 STONER RD LOT 505			2.3 STREET ADDRESS	8215 STONER RD LOT 528		
CITY-ST-ZIP	RIVERVIEW FL 33569			2.4 CITY-ST-ZIP	RIVERVIEW, FL 33569		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENNON, TOM			3.2 NAME			
STREET ADDRESS	8215 STONER RD LOT 406			3.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL 33569			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIFORD, MICHAEL			4.2 NAME			
STREET ADDRESS	8215 STONER RD LOT 505			4.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL 33569			4.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REQUINTON, RICARDO			5.2 NAME			
STREET ADDRESS	8215 STONER RD. LOT 640			5.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL 33569			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO REQUINTON SIGNATURE REQUIRED: RICARDO REQUINTON 3/22/99 813 6777816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)